

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/583391</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		①		1				
5		①		1				
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14		①		1				
15		①	1					
16	1			1				
17		1		1				
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TOTAL DEP.	21	←	16	←		←		
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								